



Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB DS

## Statement of Committee Organization

### 1. Statement Information

Date: 1-4-2016

Type: ☒ New ☐ Amended (if amending, enter MEC ID C161001 & section changed \_\_\_\_\_)

### 2. Committee Information

Name of Committee: INGRID BURNETT FOR MISSOURI

Committee Mailing Address: 3418 GLADSTONE BLVD KC MO 64123

Telephone Number: (816) 898-3007

Committee Email Address: \_\_\_\_\_

County Clerk or Board of Election Commissioners: KANSAS CITY, JACKSON COUNTY

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

### 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): JOHN BURNETT

Treasurer's Mailing Address, City, State, & Zip: 3418 GLADSTONE BLVD

Treasurer's Home Telephone Number: (816) 898-3007

Treasurer's Work Telephone Number: (816) 254-0400

Deputy Treasurer's Name (if one appointed): \_\_\_\_\_

Deputy Treasurer's Email Address (optional): \_\_\_\_\_

Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_

Dep. Treasurer's Home Telephone Number: \_\_\_\_\_

Dep. Treasurer's Work Telephone Number: \_\_\_\_\_

### 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): \_\_\_\_\_

Additional Committee Officer's Mailing Address, City, State, & Zip: \_\_\_\_\_

Connected Organization's Name (if any): \_\_\_\_\_

Connected Organization's Mailing Address, City, State, & Zip: \_\_\_\_\_

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

### 5. Official Bank Account Information (required by all committees)

### 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: INGRID BURNETT 3418 GLADSTONE BLVD

Telephone Number (Candidate Committees Only): (816) 898-3007

Election Date: AUG 2, 2016

Office Sought & Political Subdivision: KANSAS CITY MO 64123

Political Party: DEMOCRAT

Support or Oppose: SUPPORT

### 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: NONE

Election Date & Political Subdivision: \_\_\_\_\_

Support or Oppose: \_\_\_\_\_

### 8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: [Signature]

Candidate (Candidate Committees Only): [Signature]